(7) Building of an electronic data base of offenders.

(8) Conducting training programmes for law enforcement officials for upgrading their skills to combat drug trafficking.

(9) Implementing a scheme of monetary rewards for information leading to seizures of narcotics drugs to informants and officers.

(10) Drug De-addiction Programmes are being implemented by Ministry of Health and Family Welfare and Ministry of Social Justice and Empowerment. The programme of Ministry of Health and Family Welfare focuses on demand reduction by providing treatment services in Government medical college hospitals, District hospitals etc. under this programme currently 122 Drug De-addiction Centres are being supported across the country. The Programme of the Ministry of Social Justice and Empowerment supports Non-Governmental Organisations (NGO) run Drug De-addiction Centres that primarily focuses on rehabilitation and counselling of drug addicts.

Healthcare System in Kalahandi region of Orissa

2507. SHRI B.J. PANDA:
MS. PRAMILA BOHIDAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that Kalahandi region of Orissa is the most poverty-stricken area of the country and this region is yet to see any development in the healthcare system;

(b) whether Government are also aware that the cash-strapped Orissa State does not have sufficient wherewithal to address this problem; and

(c) if so, what is the action plan of Government to help the State to develop its healthcare facilities, especially for women and children to control Maternal Mortality Rate (MMR) in this region?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Orissa

is a State with weak public health infrastructur as well as poor health indicators. Kalahandi is one of the backward region of the State.

(c) The Government has launched a National Rural Health Mission, which seeks to provide effective health care to rural population throughout the country with special focus on 18 States with poor health indicators and weak health infrastructure. These 18 States include the State of Orissa.

The main objective is to provide accessible, affordable, accountable, effective and reliable healthcare, especially to poor and vulnerable sections of population. The Mission provides an overarching umbrella to the existing programmes of Health and Family Welfare with RCH-II being the flagship programme. The Mission aims to bring down the Infant Mortality Rate and Maternal Mortality Ratio and control all communicable diseases. Under the strategy of NRHM, the gaps in the existing scenario of rural healthcare is to be addressed through 2.5 lakh Accredited Social Health Activists (ASHA) to assist the Anganwadi Worker and ANM at village level to make the increased health services accessible to the rural people of the country. It is also proposed to upgrade CHCs to the level of India Public Health Standards (IPHS). NRHM has been launched for a period of 7 years (2005-2012) i.e. for two years of Tenth Plan and full Eleventh Plan.

Free treatment to poor people by private hospitals

2508. SHRI RAJKUMAR DHOOT:
SHRI GIREESH KUMAR SANGHI:
SHRIMATI KUM KUM RAI: SHRI
UDAY PRATAP SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Hon'ble Delhi High Court has directed that it is mandatory for private hospitals to provide free treatment to poor patients;

(b) if so, the details thereof;

(c) whether Government propose to issue directives to all private hospitals in other parts of the country to follow suit; and

(d) if not, the reasons therefor?